

# MESA UNIFIED SCHOOL DISTRICT NO. 4

## CERTIFICATION IN ACCORDANCE WITH A.R.S. § 15-512

FINGERPRINT REQUIREMENT: In accordance with A.R.S. § 15-512, **all school districts in Arizona are required to fingerprint all support staff.** Costs related to this required fingerprinting in the amount of \$30.00 will be deducted from the first paycheck of the employee. **Failure to cooperate with the mandated fingerprinting 20 days of the date the individual begins work is a violation of state law and will result in termination.**

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

(Check if this statement is true.) 1. I am not awaiting trial on, and I have never been convicted of, or admitted in open court or pursuant to a plea agreement committing any of the criminal offenses listed in Statement 2 below.

(Check if this statement is true.) 2. I am awaiting trial on or I have been convicted of or admitted in open court or pursuant to a plea agreement committing the criminal offenses in this state or similar offenses in another jurisdiction which are checked below:

- |  |   |
|--|---|
| <input type="checkbox"/> Sexual abuse of a minor   | <input type="checkbox"/> Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs |
| <input type="checkbox"/> First- or second-degree murder  | <input type="checkbox"/> Aggravated or armed robbery  |
| <input type="checkbox"/> Incest  | <input type="checkbox"/> Robbery  |
| <input type="checkbox"/> Kidnapping  | <input type="checkbox"/> Child abuse  |
| <input type="checkbox"/> Arson   | <input type="checkbox"/> A dangerous crime against children as defined in A.R.S. § 13-604.01                  |
| <input type="checkbox"/> Sexual assault  | <input type="checkbox"/> Sexual conduct with a minor  |
| <input type="checkbox"/> Felony offenses involving contributing to the delinquency of a minor  | <input type="checkbox"/> Exploitation of minors involving drug offenses                                       |
| <input type="checkbox"/> Sexual exploitation of a minor  | <input type="checkbox"/> Molestation of a child   |
| <input type="checkbox"/> Commercial sexual exploitation of a minor   | <input type="checkbox"/> Manslaughter   |
| <input type="checkbox"/> Felony offenses involving sale, distribution, or transportation of; offer to sell, transport, or distribute; or conspiracy to sell, transport, or distribute marijuana or dangerous or narcotic drugs | <input type="checkbox"/> Aggravated assault   |
| <input type="checkbox"/> Felony offenses involving the possession or use of marijuana, dangerous drugs, or narcotic drugs.   | <input type="checkbox"/> Assault  |
|  | <input type="checkbox"/> Burglary in the first-, second-, or third-degree                                     |

I will pay the cost of my fingerprint check, which will be no more than **\$30.00**.

**I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE. I UNDERSTAND THAT SUBMITTING INFORMATION INCONSISTENT WITH THAT RECEIVED FROM THE FINGERPRINT CHECK MAY RESULT IN TERMINATION.**

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

The above-named, known to me or having provided proper identification, signed this document before me the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ in Maricopa County, Arizona.

Notary  
Public \_\_\_\_\_

Commission  
Expires: \_\_\_\_\_